PLEASE TYPE OR	PRINT	Entered prev	ious May Show
		yes yes	no no
☐ Ms.			
Mr. Artist UC	hn P. B	ona in	
Permanent			(Last Name Last)
			City
80524		484-7427	
Zip			
Temporary or			
Studio Address			
			City
	Tel. ( )		
Zip			
If you do not prese Western Reserve, in			
Collaborator			
	(If Any		
If May Show entrie	s are not acc	epted or not so	
☐ Artist will pick	up at Museu	ım.	
☐ Museum should			
Museum should	d ship to arti	st at artist's ex	
to this address			
Special Instructions			

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain or exhibition until July 1, 1984.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature John Broad

> DO NOT DETACH